

Mrs. Wm L. Kingsley.



Insanity and the Care of the Insane.

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I.

INSANITY has been styled, and perhaps justly, *the disease of civilization.*

The greatest peril incurred, in the higher cultivation of the human intellect, is the danger of its derangement.

Stimulation or pressure, upon the delicate organism of the brain, oftentimes puts it out of order and, like the intricate mechanism of the Geneva watch, one broken cog, or the presence and pressure of even a hair's weight, will derange its movement and impair its efficacy.

Man, in his original state, nearest to Nature, the savage, the uncivilized; like the lower animals, knows little if anything of Insanity. We may, therefore, with entire truth, say of Insanity, that it is a fruit and product of what we call Civilization.

DR. HEBER NEWTON calls it the scourge of the educated, the refined, the successful, the religious, the very Nemesis of the Nervous System.

Historically considered, it is but recently, within the lives of men now living, that Insanity has been regarded, as it now seems to be generally recognized, as a state due to a diseased condition of the brain.

Science in this century has asserted, and substantially demonstrated, that the brain is the organ of what we call the mind, the seat and centre of thought, volition, will, and the intellectual faculties.

SHAKESPEARE says: "who shall minister to the mind diseased," but modern Science says, that it is not the mind which is diseased, but the diseased *brain*, which reflects its distemper, in the working and action, of the mind.

Whether we examine earlier histories, traditions, ancient writers, or even the sacred writings, the madman, from the remotest periods, in all ages, among all nations and peoples, has been regarded by the large majority of mankind prior to our century or era, as one afflicted of God, or possessed by an unclean spirit.

The new testament scriptures, seem to have warranted such a view, and the church since Christ, especially throughout its earlier history, has inclined to this belief.

The influence of the moon, among the ancients was so generally allied to madness, that it gave the almost universal name of *lunatic*, to the victim, and *lunacy*, to the state or condition into which, the foul fiend threw the sufferer.

The Insane thus became objects of aversion, suspicion and even abhorrence, to mankind, and there can be no doubt, that all other sources of human misery and suffer-



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ing, are as a rush light to the sun, when compared to what has been borne, endured and suffered, by the wretched insane, throughout all the ages.

As science now regards Insanity, this is the darkest record in human history against mankind ; because, without excuse or palliation, it has shut out, from even its sympathy, these innocent victims of disease, has consigned them to living deaths, more terrible than anything written in the Inferno of Dante, and stricken out of these suffering lives, even the very word "*hope*."

England has had its traditions, its superstitions, its shrines, its healing waters, its marvellous cures.

SCOTLAND's healing wells are celebrated in verse.

SCOTT says, in MARMION—

“ Then to St. Fillian's blessed well,
Whose Spring can frenzied dreams dispel,
And the crazed brain restore.”

ST. RONANS' WELL was a place of great renown for the cure of lunatics, and our own poet, WHITTIER, has immortalized in verse, the well of St. MAREE, in ROSS-SHIRE, situated on a small island of Loch-Maree.

“ And whoso bathes therein his brow
With care or madness burning,
Feels once again his healthful thought,
And sense of peace returning.

“ Oh ! restless heart and fevered brain—
Unquiet and unstable,
That holy well of Loch Maree
Is more than idle fable.”

The colony at Gheel, dating back more than 1,000 years, owes its existence, and I may say, its marvellous

success, to the universal belief in the efficacy, and curative powers of the shrine and church, which has been the MECCA, towards which, for so many centuries, faith has led the pilgrim, children of the Church, to seek its curative powers at the shrine of ST. DYMPHNA. The best authorities date the erection of this church in the 12th century, but it is beyond question that a chapel, on the site of this church, preceded its erection for more than one century at the least.

At the tomb of the Saint at GHEEL, it is idle to deny, marvellous cures were wrought, and, if as Dr. Hack Tuke, in speaking of it, says: "it was the representative of the Ecclesiastical treatment of mental diseases," it is well worthy the consideration of scientists and medical men to-day, to inquire and determine, how, and how far the psychical and psychometrical effect of well authenticated cases of marvellous cures, could beneficially affect the disordered minds of the 16th, 17th and 18th centuries, who came to this shrine to be healed.

Dr. Hack Tuke, in his remarkable work "History of the Insane in the British Islands," gives at length many accounts of the superstitions, and peculiar beliefs of the early Britons, concerning insanity in England and Scotland, which would well repay perusal, to those who desire to know the actual condition of the insane on those Islands, at the commencement of the present century ; and the changes that have been wrought there in the condition, care and treatment of the insane.

In speaking of INSANITY, the first natural and pertinent inquiry is, what is INSANITY ?

This is a question, that most of the abler writers and alienists, have attempted to answer.

I have for some years been a careful student on this subject, and have thought it would not be uninteresting, to collect the opinions of such of the earlier and modern writers, as have published their views and opinions, as well as of those who are regarded as authorities, in our own time, and who are most conversant with the subject.

At first blush it would not seem at all difficult, to define insanity, so that it would at once, not only be clearly recognizable, but susceptible of marked and well defined characteristics.

Bear with me, while I give you some of the many definitions I am collecting.

The fact, however, is, that very few, if any two, agree upon a definition, and it is safer to say that INSANITY can not be defined at all, by any definition acceptable alike to lawyers, judges and physicians.

The reason is, that among medical men, INSANITY is now regarded as a disease, a physical disorder, and the want of knowledge at the present moment among scientists, of the minute anatomy of the brain, as well as its physiology, and pathology, renders it exceedingly difficult for medical men themselves, to unite in a definition which can accurately define, and scientifically describe, that disease.

LEGALLY considered, INSANITY under the law, in so far as it relates to responsibility for conduct, for acts denominated as crimes, when committed by those not insane:

does not under the laws of English speaking countries, rest upon the question of whether the brain is diseased ; so much as it does upon how far the perpetrator, is able to control his action, upon his knowledge of, and capacity to distinguish or discriminate between right and wrong, in the commission of the act, and his knowledge and appreciation of its nature, consequences and punishment.

The medical man, of course, can only when sufficiently educated, speak of the disease as he finds it, and describe it, and its manifestations.

The legal mind can apply the principles of law to the given case, and in human history there seems as yet literally to be no real parallels among the insane. No two cases exactly alike, each case seems almost to be a law only unto itself.

Let us listen to a few definitions, from some of those whose opinions, all would unite in saying, ought to be entitled to weight upon such a question.

I will quote a few, from the older and the more modern authors, from the dead, as well as the living, students of insanity.

JUDGE BROCTON. 13th Century. "A madman is one who does not understand what he is doing, and wanting mind and reason, differs little from the brute."

DR. GEO. M. BEARD. "Insanity is a disease of the brain, in which mental co-ordination is seriously impaired."

DR. JOHN CONNOLLY. The celebrated man who was the PINEL of England, thus defines insanity:

"Insanity is the impairment of any one or more of the faculties of the mind, accompanied with or inducing a defect in the comparing faculty."

PROF. COMBE. "It is a prolonged departure, and without an adequate external cause, from the state of feeling, and modes of thinking, usual to the individual who is in health; that is, the true feature of disorder of the mind."

"A morbid action in one, in several, or in the whole of the cerebral organs; and, as its necessary consequence, functional derangement in one, in several or in the whole of the mental faculties, which these organs subserve."

DR CULLEN. 1. "Madness is an impairment of the judging faculties. 2. "A lesion of the intellectual faculties without pyrexia and without coma."

COPELAND. "Insanity is a deviation or perversion of the natural and healthy state of the mind, as manifested either by the moral emotions and conduct, or by a partial or general disorder of the intellectual powers and understanding."

LORD COKE. "A lunatic *lunaticus*, is one who has sometimes his understanding and sometimes not. *Qui gaudet lucidis intervallis*, and therefore he is called *non compos mentis*, so long as he has not understanding."

LORD CHIEF JUSTICE COCKBURN. (p. 361, Med.-Leg. Journal, Dec., 1884; Vol. 2, No. 3): "As the law, as expounded by the Judges in the House of Lords, now stands, it is only when mental disease produces incapacity to distinguish between right and wrong, that immunity from the penal consequences of crime is admitted. The present bill introduces a new element, the absence of the power of self-control.

"I concur most cordially in the proposed alteration of the law, having been always strongly of opinion that, as the pathology of insanity abundantly establishes, there are forms of mental disease in which, though the patient is quite aware he is about to do wrong, the will becomes overpowered by the force of irresistible impulse; the power of self-control when destroyed or suspended by mental disease becomes, I think, an essential element of responsibility.

"Sir James Stephen proposes that a jury should be allowed to return three verdicts--(1) Guilty; (2) Guilty, but the power of his self-control was diminished by insanity; (3) Not Guilty, on the ground of insanity."

MANUEL DE BIRAN. "The insane cannot be classed among the moral or the intelligent; he has neither reason nor conscience, because he has not the power of will. He neither judges nor thinks; he is neither a man, nor an animal; he is simply a living machine, to whom we cannot attribute."

"Je ne suis plus nième en droit,
d'Attribuer une âme comme la mienne."

ESQUIROL. "La folie est une affection Cérébrale ordinairement chronique, sans fièvre, et caractérisée par des disordres de la sensibilité, de l'intelligence et de la volonté."

LORD ERSKINE. 1800, in Hadfield case. "Delusion, when there is no frenzy or raving madness, is the true character of such insanity as implies irresponsibility."

The great Belgian Alienist Guislan, to whom a statue is about to be erected by his admiring compatriots, says :

GUISLAN. "Insanity is a derangement of the mental faculties, morbid, apyrixial and chronic, which deprives man of the power of thinking and acting freely as regards his happiness, preservation and responsibility."

DR. GUY. "Every person who is insane must be regarded as wholly irresponsible. The law of England should be assimilated to the law of France in the declaration : 'Il n'y a ni crime, ni délit lorsque le prévenu etait un état de démence une temps de l'action.'"

LOCKE. "The madman is one who reasons correctly, from false premises."

Again—"Madmen do not appear to have lost the faculty of reasoning, but having joined together some ideas very strongly, they mistake them for truths, and err as men do who argue from wrong principles."

LELUT. "The insane person is one, who suffers from a disorder of the passions and will, of which he is unconscious, characterized by a lesion in the association of ideas."

MONRO, HENRY, M. D. "Insanity is simply a disease of the nervous instrument of the mind."—*Insanity*, by Henry Monro, M. D. (Introductory Chap., p. 7).

MANSFIELD, (Lord Chief Justice,) 1812. (Trial of Bellingham for shooting Pereival.) "If a person laboring under mental derangement, were capable in other respects of distinguishing right from wrong, he could not be excused for any act of atrocity which he might commit." He held also, "that it must be proved beyond all doubt, that at the time he committed the atrocious act, he did not consider that murder was a crime against the laws of God and nature."

MOREL, DR. "Insanity is a cerebral affection, idiopathic or sympathetic, destroying the individual's moral liberty, and constituting a derangement of his acts, tendencies and sentiments, as well as a general or partial disorder in his ideas."

MERLIN. "Le fou 'dit il' ills ne peuvent, remplir la distinction humaine."

PAGAN. "The loss of control over our actions, which insanity implies, is that which renders the acts which are committed during its continuance undeserving of punishment."

The name, perhaps, held in highest veneration among American Alienists of the recent past is ISAAC RAY, he says :

ISAAC RAY, M. D. "Liberty of will and action is absolutely essential

to criminal responsibility, unless the restraint upon either, is the natural and well known result of immoral or illegal conduct."

"Culpability supposes not only a clear perception of the consequences of criminal acts, but the liberty unembarrassed by disease of the active powers, which nature has given us, of preserving that course which is the result of the free choice of the intellectual faculties."

CHIEF JUSTICE TINDAL (1843) (McNaughton case for murder of Mr. Drummond.) The jury must consider whether "at the time the act was committed, the accused had that competent use of his understanding, as that he knew that he was doing by the very act itself, a wicked and wrong thing."

SPURZHEIM. "Insanity is a condition of disease of the brain, in which the patient is unconscious of his disease, and lacks the capacity of distinguishing the diseased functions."

R. SWAYNE TAYLOR, "The terms: insanity, lunacy, unsoundness of mind, mental derangement, mental disorder, madness, and mental alienation or aberration, have been indifferently applied to those states of disordered mind, in which a person loses the power of regulating his action and conduct according to the ordinary rules of society."—*Taylor's Med. Juris.*, vol. ii., p. 476.

JUSTICE TRACY (1723). "An insane man is one who does not know what he is doing, no more than an infant, a brute or a wild beast."

Of living authorities, I will cite a few :

The celebrated John C. Bucknill, one of the most distinguished and honored of British Alienists.

DR. BUCKNILL. 1. "Insanity is incapacitating weakness or derangement of mind, caused by disease."

2. "Insanity is a condition of the mind in which a false action of conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts have separately or conjointly been produced by disease."

DR. HUGGARD. "Insanity is a mental disorder, which renders a person incapable of conforming to the exigencies of Society."

JAMIESON. "Had the lunatic, at the time of committing the deed, a knowledge that it was criminal, and such a control over his actions as ought if it existed, to have hindered him from committing it?"

MAUDSLEY. "The determination of responsibility, in cases where lunacy is alleged, depends on whether a connection can or cannot be traced between existing disease and the act."

JUDGE CALVIN E. PRATT. "Insanity exists where a diseased brain manifests itself in abnormal action of the mind."

PROF. JOHN, J. REESE. "It is the want of the control of the will.

and not the want of ability to discriminate between right and wrong, which must be regarded as the true test of mental unsoundness."

SIR JAMES FITZ, JAMES STEPHEN. "Sanity exists when the brain and nervous system, are in such a condition that the mental functions of feeling, and emotion and willing, can be performed in their regular and usual manner. Insanity means a state in which one or more of the above-named mental functions is performed in an abnormal manner, or not performed at all by reason of some disease of the brain or nervous system."

"A man, who by reason of mental disease, is prevented from controlling his own conduct, is not responsible for what he does."

"If it is not, it ought to be the law of England, that no act is a crime, if the person who does it is, at the time when it is done, prevented either by defective mental power, or by any disease affecting his mind from controlling his own conduct, unless the absence of the power to control has been produced by his own default."

Dr. Andrew H. Smith, one of the Vice-Presidents of the Medico Legal Society, says in reply to my inquiry :

SMITH, ANDREW H., M. D. "Insanity is that condition in which the functions of the brain, as the organ of the intellect are unnaturally performed. This definition includes delirium, and the various forms of intoxication, these being merely temporary forms of insanity."

"With the legal consequences of regarding intoxication as a form of insanity, science has nothing to do. The safety of Society may require that certain insane persons shall be put to death ; but they are none the less insane."

"A man is to be held responsible for an act, if he is so far conscious of its nature, as to endeavor to escape its consequences. When a delusion is shown to have been present, if the matter of belief is true, would not have justified the act, the responsibility remains. If, for example, a man kills another under the delusion that his own life is threatened, he is not responsible ; but if he kills him because he fancies he has received an injury from him, he is responsible. There can be no rule of universal application ; each case must be adjudged for itself, subject to the above general principles. Perhaps exception might be taken to the word *unnaturally* in the above definition. An act would be natural to a person born with an imperfect mental organization, which would be natural to persons in general. It is by comparison with this general standard that each case must be judged. The practical difficulty would occur in cases on the border ; but that is a difficulty inherent in the nature of the case, and which a definition could not remove."

Dr. Henry P. Stearns, of Hartford, an Alienist of distinction, replies to my inquiry :

STEARNS, HENRY P., M. D. "Insanity for Medico Legal purposes, is an incapacitating derangement of the mind caused by disease."

"I am not acquainted with a short, and also perfectly satisfactory medical definition of Insanity. The test of criminal responsibility would be, where the parties suffered, from an incapacitating derangement of the mind caused by disease."

That careful student and good lawyer *Mr. Austin Abbott* says, in reply :

AUSTIN ABBOTT. "I do not think we have attained a knowledge of the subject of mental derangement, adequate to enable us to form a single definition, that will be a satisfactory guide in the application of the law. The definitions which abound in the books appear to me, to be useful and indispensable instruments, of analysis and discussion; but the difficulty of framing one which shall be generally applicable in law is this: in the medical sense, the term means such organic or functional derangement of the brain, or affecting the brain, as to require medical treatment, or regimen for the benefit of the subject, or segregation for the safety of others or both."

"In legal usage, the term means, when used in reference to civil rights and liabilities, such derangement as incapacitates the subject from free and intelligent volition or consent, where freedom and intelligence are considered with reference to the nature of the act, for the performance of which the law requires them, and as the degree or character of freedom and intelligence varies with the class of acts in question, the test of legal capacity varies."

"In respect to criminal responsibility, the test now applied under the decisions of the Court of Appeals in this State is, in my judgment, the correct one, for reasons which I indicated in a discussion in the Medico-Legal Society, which I believe is reported in the Medico-Legal Journal."

That test is : the capacity to distinguish between right and wrong at the time of, and with respect to the act in question.

The reasons for excluding the proposal to inquire for the power of choice, are briefly these : that there are as yet no means of ascertaining the non-existence of the power of choice, except through the declaration of the accused ; and that declaration could be truly made in the common ease of excessive passion, or other inordinate desires ; and that it is the just function of the criminal law to develop the power of self-restraint, where it would otherwise not exist, by inflicting punishment for not exercising it. In other words, it appears to be true in a large class of cases

at the present day, as doubtless it is historically, and in the training of animals, as well as of human beings, that just punishment for doing acts known to be forbidden, is a means of creating and developing the power to resist impulses to do them, which otherwise would be irresistible.

CHARLES P. DALY, CHIEF JUSTICE. (Common Pleas, 1873. Trial of Geo. Francis Train.) "Defendant's Counsel, Mr. Bell, correctly states the law in this State, as laid down in *People vs. Freeman*, 4 Denio, p. 9. 'That one capable of rightly comprehending his own condition in reference to the proceeding against him, and of conducting his defense in a rational manner is not insane within the meaning of the rule, though on some other subjects his mind may be deranged.' "

BREWSTER, (Judge). Commonwealth vs. Haskell, (2 Brewster, 401). "The true test in all cases lies in the word 'power.' Has the defendant in a criminal case the power to distinguish right from wrong, and the power to adhere to the right and avoid the wrong?"

T. R. BUCKHAM, M.D. "Insanity is a diseased or disordered condition or malformation of the physical organs, through which the mind receives impressions or manifests its operations, by which the will and judgment are impaired, and the conduct rendered irrational."

"Insanity being the result of physical disease, it is a matter of fact to be determined by medical experts, not a matter of law to be determined by legal tests and measures." (*Buckham on Insanity*, p. 72.)

EX SURROGATE D. C. CALVIN. "Whenever any function of the mind is so far diseased as to dominate the will, in the commission of the particular act, there is no criminality."

DR. FERRIER. That the brain is the organ of the mind no one doubts, and that when mental aberrations of whatever nature are manifested, the brain is diseased, we take as an axiom.—*Mind and Brain*, (Lond.) 1879, p. 364.

GERMAN CODE. "An act is not punishable when the person at the time of doing it was in a state of unconsciousness, or of disease of the mind, whereby free volition was prevented."

BRITISH ALIENISTS. At the annual meeting of the British Association of Medical Officers of Asylums and Hospitals for the Insane, held in London, July 14, 1864, present fifty-four medical officers, it was unanimously

Resolved.—"That so much of the legal test of the mental condition of an alleged criminal lunatic as renders him a responsible agent, because he knows the difference between right and wrong, is inconsistent with the fact well known to every member of this meeting; that the power of distinguishing between right and wrong exists very frequently among those who are undoubtedly insane, it is often associated with dangerous and uncontrollable delusions."

PLINY EARLE. " You ask me for my 'idea of the best definition of insanity.' After studying the subject for years, I at length became convinced that, with our present knowledge, the disease, or *disorder*, is insusceptible of definition, and hitherto I have had no reason to doubt the accuracy of that conclusion, as every attempted definition is a failure. I discard them all; and, in my opinion, there is no one of them sufficiently good to be adopted for use, either by the medical profession or by the Courts of Judicature. Any one of them would embarrass rather than facilitate the action of the legal tribunals. Insanity may be *described*, but not *defined*; and it appears to me that, for the easiest attainment of the ends of truth and justice, it is by far the better way for both lawyers and physicians to avoid all attempts at definition. As another evidence of your skill in propounding conundrums, you ask what, in my judgment, 'should be the legal test of criminal responsibility for acts committed by persons suffering from any form of mental disease.' As there is no perfect definition of insanity, so there is no test, no *experimentum crucis* for it. The most obvious *reason for exculpation* differs widely in different cases. The congenital idiot, or the man in the very lowest form of acquired dementia, commits homicide in a fit of anger. Here, ignorance of all human law, with incompetence to acquire a knowledge of it, is the sufficient excuse. An epileptic, in a violent maniacal paroxysm, kills a man. In this case there is *entire unconsciousness* of the act, and this is the patent reason for his exemption from responsibility. But a majority of the insane retain, to a greater or less extent, their knowledge of human laws, and they do not, when awake, lose their consciousness. They even 'know right from wrong' in the abstract; or, as a rule of general application. But a person in this condition falsely imagines that another person is doing him injury, perhaps seeking his life. Under this belief he takes the life of that other person. Here the only possible ground for release from criminal responsibility appears to be this—that although the homicide 'knew right from wrong' as a general principle, he could not perceive it as applied to his own case. This delusion destroyed his moral perception. And here, as it appears to me, we have arrived at what comes the nearest of anything to what you seek. It is, at any rate, a test of wide, if not of universal, application."

ELLIOTT F. SHEPARD. " The strict Latin definition of insanity affords the best explanation of the meaning of the word and idea, and that is 'unsoundness.' Any disease of the body is reported to, and has an effect upon the brain. When the brain thus becomes so disturbed, or weakened, or diseased, as to cease to afford a proper support to the soul or spirit in its control of the will, this unsoundness is manifested more or less in the words or actions of the individual. The vigor of the brain, like that of the rest of the body, may be affected without being destroyed, and so

may the vigor and control of the spirit over the will; and the accountability of the individual before a human tribunal for his words and actions ought not to be denied or excused for anything less than a substantially entire suspension of the will power. It would be as reasonable to excuse a man from the payment of his promissory note because he had the tooth-ache, or from performing any contract because he was sick, as to excuse him for inflicting injury or violence upon the persons of others, because his mind was partially weakened. Undoubtedly, the criminal lawyers have carried the defence of insanity to an unreasonable point in behalf of their clients; and undoubtedly, the security of society at large demands, that absolute security should be afforded to every individual in the peaceable possession of his person. Those who carry themselves back to the condition of savage life, by attacking others from motives of revenge, jealousy, cupidity, antipathy, or any other reason, would meet only with even-handed justice, if they were to meet with that other condition of savage life—swift retribution in kind. As in Christian communities, mercy has tempered this theory of equal-handed justice, the retribution is to be visited only after a due adjudication; but no exculpations should be allowed to prevail in civilized society that ought not also to prevail in the savage state. The moral color line, which is so much dwelt upon in judicial decisions, upon defences of insanity, is a very flexible one, and dangerous to the public in proportion to its flexibility. Substantially, that line is as follows: If the man has understanding enough to know that a certain act is wrong, and then does it, he is to be punished. If not, not. And as the understanding is very easily muddled, this rule has doubtless often cleared the guilty. If a horse should kill a man, that horse ought to be slain. And it has been asked, If a man is reduced to the condition of a brute, and kills a man, should not also the slayer be slain? And, under such circumstances, would the hanging of a man produce any greater injury than the killing of a horse? Well, those are questions to which our knowledge of the spirit and of eternity is too deficient to enable us to make a satisfactory answer. The sentiment in America and England seems to be, that the wisest plan, instead of adopting any cast iron rule, is to leave the decision in each case to the judgment of twelve good men of the country, and I do not know that any better plan will ever be found under human government."

One should be admonished of the unwisdom of attempting definitions. I will give what I should answer, if called upon as a witness, to give my own opinion, as to insanity, and responsibility, as follows:

CLARK BELL. "Insanity cannot be exactly defined medically, from lack of present knowledge of its pathology. Legally considered, it may be

regarded as a disease of the brain or nervous system, which prevents the free exercise of volition."

"The test of responsibility under the law for a criminal act, when the defense of insanity is interposed, should be, clear knowledge of its nature, consequences and penalty, with volition unimpaired by disease of the brain or nervous system."

"If a man commits a crime, understanding its nature and penalty, under the law he is responsible, unless suffering from a disease of the brain or nervous system, which prevents the free exercise of his will power. If acting under a delusion which dominates his volition, he is not responsible for his act. He is the victim of his disease."

Vid. also p. 413, Dec. No. M. L. Journal, 1884. Vol. 2, No. 3.

II.

THE CARE OF THE INSANE.

- 1. Should they be confined in hospitals?*
- 2. Mechanical restraints.*
- 3. The best methods of care, both as to incurables, and acute or doubtful cases.*

SHOULD THEY BE CONFINED IN HOSPITALS?

Civilization decided this question in the affirmative *ex parte* long ago. Debate has been closed upon it, for over a century.

The alleged reasons were twofold :

- a. That society was bound in self-defense to incarcerate and restrain the insane, to prevent the commission of offenses or crimes, by the insane, who are beyond the restraining influence of human punishments.*

- b.* That the insane themselves had a moral, if not legal, claim on society, to provide and care for them in their affliction, to the best of its ability.

The present century has witnessed the most wonderful changes, in the actual condition of the inmates of Asylums for the Insane, I may safely say, in all countries. It would be impossible for me to adequately describe to you, the frightful, horrible wrongs, inflicted upon the insane, almost everywhere, not only in English Asylums, but in French, and almost all European and American Institutions, particularly almshouses, at the beginning of our century.

In my own time, I have seen, in this State, in a county almshouse, a woman confined in a dark cell, naked, without one shred of clothing, without any bed, but straw to lie upon, no covering, and smeared with her ordure. So kept, because her keepers believed that she could not be clothed, as she would, as they thought, destroy all clothing and covering, and she was so confined because she was regarded as dangerous to approach. Her food was passed into her, as to an animal, and her actual state and condition, was worse than swine kept by the ordinary, and not the humane and careful farmer, and this was not thirty years ago.

Read the testimony of that English nobleman, who was for more than thirty years Chairman of the Lunacy Commission of England, in the evidence he gave before the Select Committee of the British Parliament as late as March 14th, 1859 (pp. 64 and

65, Minutes of Evidence, § 569 ; and p. 35, same Minutes, §§ 304, 306, 307).

This was the evidence of that grand English character, the Earl of Shaftesbury, of whom Mr. Sheil said, in the British Commons : "That this noble lord had added nobility even to the name of ASHLEY, and that he had made humanity one of 'SHAFTESBURY'S' characteristics."

A few years ago, Dr. Alice Bennett, the gifted Superintendent in charge of the Female Department of the State Hospital for the Insane at Norristown, Pa., states that :

"When eighteen women were sent to her Institution from one of the almshouses in Philadelphia, that had been burned, ten of these women came to her in camisoles, and one had chains upon her feet, all of which she at once removed" (Medico-Legal Journal, Vol. I., p. 293).

In many of the English Almshouses and Asylums, chains and rings were on every bed-post and at every table, in the early part of the present century.

We may say in America that the misery of the English Almshouse, was our inheritance from the mother country. Asylums for the Insane did not exist in the American States, until a quite recent period, with the single exception of that at Williamsburgh, Va., founded in 1773.

The Friends' Asylum was established in Philadelphia in 1817, forty-two years later, which was succeeded

later by those at Somerville, Mass. ; Bloomingdale, N. Y., and Hartford, Conn.

There could have been scarcely one single ray of light, upon the condition of the insane in this country, until near the close, of the first quarter, of the present century.

In the exposition made by the celebrated D. HACK TUKE, in his recent work, "The Insane in the United States and Canada," (H. K. Lewis, London,) 1885, of his visitation made as late as August, 1884, to Longue Pointe Asylum, Quebec (pp. 193, 194, 195, 196), he speaks of incredible abuses borne there by the insane patients.

It was just before and at the beginning of the present century, that PINEL began his great work at the BICETRE at PARIS. At the same time, or shortly before, the elder Tuke was laying the foundations at YORK RETREAT in England for a government of kindness and love rather than of fear and force. These two were working unknown to each other. Then came the era of the magnificent work of DR. JOHN CONNOLLY in England, and later, of JOSEPH GUISLAN in Belgium, that led up through a series of struggles which culminated in ENGLAND, in the Bills of 4th and 8th August, 1845, under the splendid leadership of the EARL OF SHAFTESBURY, which have been aptly styled, "The Magna Charta of the Liberties of the Insane." I mean the Acts of 1845, as amended later in 1853.

Here was laid upon solid and secure foundations, the complete system, of a permanent and able Lunacy Com-

mission, with powers of visitation and supervision over asylum management, Superintendents, and officers, Statutory enactments, that have been far in advance of our American legislation, upon these subjects in any of the American States.

With this grand forward and upward march, came in France, Great Britain, Belgium and the German speaking countries, the abolition of chains, mechanical restraints, and the new doctrine of love, tenderness, care and humanity, in the treatment of the insane in the great institutions of Continental Europe, and Great Britain.

Not so in America. We did not keep step to the march or music, of that grand advance.

True, we had our great names who deserved to stand in the same glorious galaxy, with as shining lustre, Isaac Ray, Pliny Earl, Luther V. Bell, and their confreres of to-day, Dr. J. C. Shaw, of Flatbush Asylum ; Dr. W. W. Godding, of Washington ; Dr. Alice Bennett, of Pennsylvania ; Dr. P. M. Wise, of Willard ; Dr. J. B. Andrews, of Buffalo ; Dr. A. E. Macdonald, Superintendent Institution for Insane of New York City ; Dr. W. B. Fletcher, of Indiana Asylum ; Dr. Bryce, of Alabama ; Stearns, of Connecticut ; Carlos MacDonald, of Auburn ; Buckmaster, of Wisconsin ; McClellan, of Illinois ; Dr. Trautman, of Ward's Island, New York City, and others too numerous to name here.

That every insane person, should not be confined in a hospital, must now be conceded by all.

If a lunatic is harmless, whether curable or incurable,

an asylum is probably not, the best place for that person. In many respects, the best asylum, would be almost the worst place, for the patient, in such a case.

If the restraints, and the feeling of imprisonment, and of force, which pervade and are a concomitant of asylum life, and proper discipline (because asylums cannot be successfully maintained without discipline, and good discipline too), are not an aid to recovery; and if recovery is what is regarded as most desirable, a hospitable or asylum, is not the safest or best means to obtain the desired result, in a large proportion of cases.

The law of commitments in this State, does not discriminate between the harmless and violent, or between homicidal or suicidal cases.

If the State Commissioner in lunacy, would exercise the powers conferred upon him by our law, and reconstruct the form of the affidavit of physicians, more like the English plan—if it required that the examinations by the physicians, should be made separately and not together—if the physician should be compelled to discriminate in his affidavit between what he observed himself, and what he was told by others, if he was obliged to give the sources of information derived from others, state in detail, the nature, character and manifestations of insanity, their duration, whether first, second or third attacks, and so describe them as to indicate, whether confinement in an asylum or hospital, was not only necessary, but offered the best chance of their recovery, we could, under our present statute, make a great advance from our present state.

The glaring defect in our system, is : That we have no Board or officer, with authority or power, over Superintendents, or officials, as the English Commissioners have.

Our Lunacy Commissioner in New York is powerless to dismiss, and as for visitation, after English ideas, he could not personally visit each insane person confined in this State once in four years, when, as under the English System, each insane person should be personally seen, conversed with, and inspected by some one member of the Board, three or four times in each year.

As all our Communities and States stand committed, to Hospitals for the Insane in this Country, we have, in all the American States, or nearly all, gone headlong, and at almost a galop, into the most lavish, profuse, and prodigal expenditure of money in the construction of Hospitals for the Insane. The outlay has in many instances, been simply prodigious, and some of our great Institutions are of the most expensive and pretentious character, very impressive, and even splendid in their architecture and surroundings. This has not been an unmixed evil. It has resulted in good in many ways. We care for those things which cost us much, and most for those which cost us most. The equipment of a first-class and expensive palace, must needs be on a scale commensurate with its mission and purpose. Superintendents of Asylums under our System have not been the leaders in, or causes of, the lavish expenditures, in building these structures.

They have asked for increased and better facilities,

for a larger medical force, for increased and better paid, and more competent attendants, and in ratio to their success, in obtaining these demands, has been the standard of the morale of the inmates, within their institutions.

This brings us face to face with the second question.

III.

MECHANICAL RESTRAINTS.

The position of the Alienists of Great Britain and Continental Europe, standing practically as a united phalanx, in favor of, and practising the abolition of mechanical restraints, for now more than a quarter of a century, is in strange, not to say remarkable, contrast with the divided ideas of the American Alienists, and asylum superintendents, upon this question in the quite recent past.

Dr. HENRY MAUDSLEY told me on the occasion of his last visit to this country, that he never used a camisole in his life, and that no such implement was ever in use, in any asylum with which he was connected.

I doubt if such a thing as a crib could be found in any public institution in GREAT BRITAIN, FRANCE, GERMANY OR BELGIUM.

Permit me to give extracts from the evidence of certain asylum superintendents and alienists before a Legislative Committee in this State, May 6, 1879, regarding Mechanical Restraints not ten years ago.

Dr. Nichols, Superintendent of Bloomingdale Asylum :

“ I do not use the crib at Bloomingdale. I do not consider it a barbarous method of restraint. It was in use at Utica when I was an assistant

there; and, therefore, I have had some personal knowledge of it. I think there are some patients who can be restrained in a horizontal position, and their rest and sleep obtained better by its instrumentality than by any other means.

" Dr. Ordronaux—I would like to ask Dr. Nichols a question. Here is an extract from a paper* giving an interview with Dr. Hammond, which

* Cincinnati Daily Inquirer, November 18th, 1878.

contains the following :

" Reporter—Can you give me an example of the confinement of a patient in a crib having ended fatally?

" Dr. Hammond—A very recent one. A patient was sent to the Bloomingdale Asylum by a very distinguished physician of this city. Do not mention his name; but in case this statement is called in question, he is ready to come forward and support it publicly. The patient was put into a crib the same night that he entered the asylum, and the same night he died—died in the crib.

" Reporter—What was the predisposing cause of his death?

" Dr. Hammond—Congestion of the brain; you know very well, or you did know when you were a boy, that if you stoop down with your head between your legs your head feels dull. How much greater must be the compression if a man's head is already congested, and he is compelled to remain in a recumbent position? It is simply a question of mechanics."

" Dr. Nichols, have you known of the case here described?

" Dr. Nichols—No such case has occurred since the institution has been under my charge."

Dr. Chapin, then Superintendent of Willard Asylum

" We have not introduced the crib into the asylum; I do not consider it a barbarous means of restraint; we have as substitute what is known as the Wyman bed-strap; I do not think there is much objection to the crib for patients who are much debilitated; it is mostly used in acute cases in my experience; the average death rate in the asylum is six per cent.; restraint has always been more necessary for men than women; the record of restraint upon the day of my leaving home was for the previous twenty-four hours, five woman among 754; the number of men restrained was twenty-seven among 655; the amount of restraint, I think, has been very much reduced by having a daily report made of it, by inquiring of attendants, and noticing the daily report; the restraint used in our asylum is the muff and the camisole; the camisole is a jacket made of endless sleeves; the muff is a leather instrument with two bands, encircling the wrist, from which the patient is unable to withdraw his hands."

Dr. S. H. Talcott, Superintendent, Middletown Asylum :

" Restraint has never been used except at the instance of myself or one of the assistant physicians; we have 171 patients; we have the restraint or crib bed; we have, at the present time, a patient who sleeps in one of these beds; I do not consider it as barbarous or inhuman; I consider it as an exceedingly proper thing to use in some cases where patients would be likely to destroy themselves."

Dr. J. M. Cleveland Superintendent, Poughkeepsie Asylum :

" We have not used the crib within a year; we dispensed with it, owing to the prejudice which seemed to be increasing in the community against its use; I think it is a form of restraint which should be used at times, but I think it should be used very cautiously; I think some patients would be seriously injured by its use; I think it is the most humane form of restraint possible for patients who are constantly out of bed, who would not sleep, and who would exhaust themselves."

Dr. Gray, Superintendent, Utica Asylum :

" Restraint is only applied by order of the physicians; the restraints we use are the camisole, restraint belt; and occasionally the muff; these have all been described in the annual reports of the asylum made to the Legislature, and their uses fully explained; in regard to the crib, I found it in use when I went to Utica, having been introduced by Dr. Brigham in 1846, who was then superintendent; it was not at that time as comfortable as now; the only thing I did was to make it more comfortable and easy for sick patients, and I always believed it to be a very humane method of treatment for certain cases who are feeble and anæmic, in securing a horizontal position, and for feeble persons who would get up at night and stand till exhausted, or put their heads out of the windows and expose themselves; it is a long time since we have used what Dr. Chapin has described as the bed-straps; it was a question with me whether to use the bed-strap or the crib; in my judgment, from the use of both, I incline to the use of the crib; this should always be prescribed by a medical officer, and it is—just as the medicines are."

Dr. Wm. A. Hammond :

" Q. Look, doctor, at the eleventh paragraph, which reads: ' Is the superintendent consulted whenever forcible restraint is required,

and is the duration, manner, and result of this mechanical restraint duly recorded in a book kept for the inspection of the Commissioner in Lunacy and of the courts?" Do you know of any asylums in which the superintendent is not consulted?

"A. I know he is not at Bloomingdale; I know it is not so at Ward's Island; nowhere else of my own knowledge.

"Q. The thirteenth paragraph reads: 'Did you ever employ the barbarous and injurious means of restraint known as a crib?' What do you know of that matter?

"A. I know the crib is employed in a number of institutions.

"Q. Do you consider it a 'barbarous and inhuman means of restraint?'

"A. I most certainly do.

"Q. Is it considered, by the medical profession, to be a barbarous and inhuman means of restraint?

"A. Yes, sir.

"Q. By the medical profession as a whole?

"A. I think so, sir.

"Q. Do you know, as a matter of fact, that there is not an asylum superintendent in this State who considers it as 'barbarous and inhuman?'

"A. I think they consider it quite the contrary, and there is where they are wrong; I think the medical profession generally is opposed to them on this subject.

"Q. Is it your opinion that the majority of medical experts in this country consider the use of the crib bed as 'barbarous and inhuman?'

"A. Most decidedly; of course, you know, it is quite impossible to obtain the number of medical men who are, or who are not, in favor of it; you might, perhaps, get a hundred to say that it was not cruel, and I could get a hundred on the other side.

"Q. You seem to use this expression: 'Do you ever employ the barbarous and inhuman method of restraint known as a crib,' as if the medical profession and the public so generally regarded it?

"A. I never mentioned the subject of the use of this restraint to a physician, outside of a lunatic asylum, who did not disapprove of it; not only is this true, but it has been condemned by some of the most eminent alienists of the world; I do not believe the superintendents use it from any purpose to be inhuman.

"A. Do you think you could obtain, from any conscientious superintendents using the crib, an affirmative answer to the question: 'Is the crib barbarous and inhuman?'

"A. I think, if I employed it, I would hardly say it was barbarous or inhuman; I think myself that that paragraph is too strongly worded; so far as the idea is concerned, I fully indorse it; I do not mean

to say that these gentlemen use it from any idea of being barbarous or inhuman.

"Q. Would you not consider it a fair conclusion by a layman, in reading this paragraph, that the use of the crib was barbarous and inhuman?

"A. I could not say about that.

"Q. Did you ever see a patient restrained by a crib?

"A. Yes, sir.

"Q. How many times?

"A. Two or three times.

"Q. Did you know anything about the condition of the patients who were restrained?

"A. No; but I know pretty positively, as well as I know anything else, that a patient died in a crib, in an asylum not far from New York City.

"Q. Did you know anything of the antecedents of the case?

"A. No, sir; but I know, from my knowledge of humanity, that the crib is a barbarous and inhuman mode of treatment; have you ever seen the crib?

Senator Goodwin—I have.

Dr. Hammond—Then you have seen its dimensions; it is not as big as a wild-cat's cage; perhaps as wide as this table, about two feet six inches high, and shut in at the top with iron bars, with a spring lock attached; in this the patient is put upon his back; he cannot rise to a sitting posture; I know that nothing can be more injurious than that for an acute case; this is exactly what allows congestion of the brain to take place with the utmost facility; it is like a child's crib, except that the patient is locked up in it.

"Q. Is there any great difference between the use of the bed-strap and the use of the crib? Can a person rise who is confined to bed with straps?

"A. Probably not; no, sir; I think that is just as bad, or almost as bad, as the crib; there is this difference: you may strap a man in bed in a sitting posture; in the crib, no matter how much blood there is in the patient's head, he is obliged to lie down.

"Q. You say that the crib is 'barbarous and inhuman.' Is that not simply a difference of opinion? Do you take the fact of its being used as an evidence of mismanagement in an asylum?

"A. I should not like to say that it was; it is evidence of a bad practice and bad management, but not mismanagement.

"Q. Any system, then, that is practiced in an asylum, which does not coincide with your views on the management of insane, you regard as a bad practice?

"A. I do.

“Q. Would you consider the fact of a difference of opinion existing in regard to the use of restraint to be a subject-matter for a memorial to the Legislature?

“A. Decidedly so; the practice should be restrained by law.

“Q. Do you think that a legislative committee composed of laymen would be a proper body to determine the question as to whether a certain system should or should not be adopted in asylums?

“A. No, sir; they would not be a competent body to say whether or not the crib should be used; the Legislature should appoint a committee to investigate the management of the asylums of the State of New York; if they find, after receiving the evidence of medical men, it is not a good thing, let them do away with it; I do not think that any of these gentlemen would be competent to advise the Legislature in this matter; if this committee had the power to act upon the matter, I should know better what opinions to express; if this committee was the one which was charged with the duty of investigating asylums.

Dr. W. J. Morton:

“I think restraint is applied without the consultation of the Superintendent at Ward's Island; nowhere else, to my knowledge; I also think the use of the crib is barbarous and inhuman.

“Q. Doctor, if it was sworn to by every one of the superintendents of insane asylums in this State, whose experience ranged from twenty-five years to five, that, in their judgment, the use of the crib was not barbarous or inhuman, would it have any effect upon your mind?

“A. Not the slightest.

“Q. Suppose these physicians were to tell you that this crib was the best mode of bringing about a certain desirable condition of mind and body in the patients, and that this was their experience after a study of some twenty-five years, would that make any impression upon your mind?

“A. I should prefer to take my own judgment.

“Q. Where there is a difference of opinion in the profession, upon a point like this, would you consider it as a matter of legislative inquiry?

“A. I think this is more than a difference of opinion; I think that the majority of physicians are opposed to this violent means of restraint.

“Q. Have you ever talked with any physician connected with a lunatic asylum of the State upon the use of the crib?

“A. It has been spoken of between Dr. Macdonald and myself while in the wards; with no one else; I never have spoken to a physician out of the State.

"Q. Your opinion, then, is formed upon your own idea?

"A. From what I have seen; one case is as good as a dozen."

Now, as a piece of not quite cotemporaneous literature, let me quote from the report of the English Lunacy Commissioners, to the Lord High Chancellor, made to the English Parliament in 1844, and printed before the passage of the Memorable Bills, but one of the ablest State papers, ever yet presented in any country, in the movement for Lunacy Reform. See what this celebrated Commission with Lord Ashley, chairman, recommended, and after specifying every asylum in Great Britain thereupon the subject closes with the following :

"Whatever may be the means or forms of control exercised over the persons of patients, or whatever the degrees in which the application of this control may be varied in different Asylums, we have the gratification of reporting to your Lordship that in every public and private Asylum in the kingdom, which is well managed, bodily restraint is not permitted, except in extreme cases, and under the express sanction of a competent superintendent. The unanimous opinion of the medical officers and superintendent of these public and private Asylums is, that the diminution of restraint in the treatment of lunatics has not only lessened the sufferings, but has improved the general health and condition, as well as promoted the comfort of the insane. We entirely concur in this opinion. * * * * again :—

"The Medical Officers and Superintendents who adhere to the system of absolute non-coercion, never using mechanical restraint, even in cases of extreme violence argue :

"1st. That their practice is the most humane, and most beneficial to the patient; soothing instead of coercing him during irritation; and encouraging him when tranquil, to exert his faculties, in order to acquire complete self-control.

"2. That a recovery thus obtained, is likely to be more permanent than if obtained by other means; and that in case of a tendency to relapse, the patient will, of his own accord, be more likely to endeavor to resist any return of his malady.

"3. That mechanical restraint has a bad moral effect; that it degrades the patient in his own opinion; that it prevents any exertion on his part; and thus impedes his recovery.

" 4. That experience has demonstrated the advantage of entirely abolishing restraint, inasmuch as the condition of some Asylums, where it had been previously practised in a moderate and very restricted degree, has been greatly improved, with respect to the tranquility and the appearance of cheerfulness among the patients in general, after all mechanical coercion has been discontinued.

" 5. That mechanical restraint, if used at all, is liable to great abuse from keepers and nurses, who will often resort to it for the sake of avoiding trouble to themselves; and who, even when well disposed towards the patient, are not competent to judge of the extent to which it ought to be applied.

" 6. That the patient may be controlled as effectually without mechanical restraint, as with it; and that the only requisites for enabling the Superintendents of Asylums to dispense with the use of mechanical restraint, are a greater number of attendants, and a better system of classification amongst the patients; and that the additional expense thereby incurred ought not to form a consideration where the comfort of the patients is concerned."

Is it not a marvel that the English Asylums and Lunacy Commissioners, as early as 1844, before the passage of their grand law, were nearly half a century in advance of some of our Asylum superintendents in America, in 1879?

The UTICA influence, however, was felt, and as it seems to me, put back the shadow upon the dial, of the progress of Lunacy Reform in America for almost a decade.

But truth advances with stately steps. Her march, although in time triumphal, is sometimes painfully slow. Asylum superintendents, one after another, year after year, are leaving off the use of Mechanical Restraints. I clip from the UTICA OBSERVER, of January 21st, 1887, the following statements made by Dr. Blumer, the recently appointed Superintendent of the State Asylum at UTICA, to that journal, which, I think, looks, like the beginning of the end of Mechanical

Restraint, in State Institutions, in New York, and, indeed, in American Institutions everywhere.

DR. BLUMER is reported to have said :

The introduction of non-restraint, in the treatment of the insane, has long been, one of my most cherished schemes. There is, in my mind, not the slightest question, as to the superiority of this new system. Now, did I say ? Let me read to you what Dr. Conolly, the father of non-restraint, said over forty-seven years ago :

"I was physician to the Hanwell Asylum about fourteen years. The number of patients was generally 900. After the 21st of September, 1839, no form of mechanical restraint, was employed with my knowledge, or my sanction, by night or by day, until my resignation in 1862, except in a few surgical cases, for the temporary security of the patient. Recollecting the state of some private asylums, which I visited officially thirty years ago, I feel perfectly assured, that the amended treatment practiced since that period, and especially the disuse of mechanical restraint of all kinds, has been productive, of an incalculable amount of advantage to the insane. The general tranquillity, comfort and satisfaction visible, in all well conducted asylums, public and private, attest this in the strongest manner. Fewer accidents occur ; revenge is seldom excited in the minds of the patients, scenes of violence are seldom or never witnessed, the patients manifest no terror ; and on recovery, retain no sense of degradation ; often after leaving the asylum coming to it again, as voluntary visitors to associates and friends, of whose good offices they are fully sensible.

" Signed, J. CONOLLY, M. D."

The good seed, scattered by Dr. Conolly has fallen, much of it, in barren places, but to-day the old mode of treatment, is condemned by the foremost alienists. By non-restraint I do not mean the absolute discontinuance of mechanical appliances under all circumstances whatsoever. No man who is not a fanatic on the subject, could possibly declare *a priori*, that there was no extreme case among the manifold phases of insanity, in which the application of restraint, might not be justifiable. Such cases, however, are extremely rare and generally where the restraint is applied for so-called "surgical reasons." I have yet to learn that any Superintendent, who has once faithfully and conscientiously, tried the system of non-restraint, has shown any disposition to return to the old method.

The principle of non-restraint is no new thing in Utica, though it has not always been rigorously lived up to. There have been times before in the history of this asylum, when not a single patient has been in restraint. It has always been claimed, that the minimum of restraint was used, but

when its use is practically prohibited, there can be no question as to what that minimum means.

As regards the "Utica crib," I am willing to admit, that there are cases in which its use is justifiable. Such cases are **very** infrequent, however, and, in view of the great reproach that attaches to the so-called "Utica crib," I think we are consulting the interests of the greater number, when we abandon its use entirely, and substitute an alternative method of treatment, say the detailing of special attendants, to watch special cases, by night and by day. Over a year ago, a great number of covered beds were sent to the storeroom, and it was not found necessary, to return them to the wards.

The non-restraint system, is in practical operation in many State Asylums, throughout the country, with the most satisfactory results. I may mention in this State, the Asylum for the Insane at Ward's Island, which I visited last Sunday, and where I found 1,702 patients, and where no one was restrained. Dr. Trautman, the Superintendent, informed me, that for a period of four years, he had not had occasion to use it. Similar testimony comes from Dr. Carlos F. McDouald, at the Asylum for Insane Criminals at Auburn, and Dr. J. B. Andrews, of the Asylum at Buffalo, is also an advocate of the new method. At the Willard Asylum for the Insane, under the able administration of Dr. Wise, with a population of over 1,800 patients, occasion arose for the use of restraint in the cases of but four individual patients during the year just closed. Let me read what the Superintendent says in this connection :

"It has been found expedient and desirable, to reduce the use of mechanical restraint, by the substitution of attendants, willing and able to give patients, their personal care instead, and the occasion for its use does not now exist, except in rare instances."

In the Alabama Insane Hospital, at Tuscaloosa, which I visited last fall, and where I found over 700 patients, I was told by the Superintendent, Dr. Bryce, that mechanical restraint had, for the four years past, been entirely discontinued in his institution, and in his report, which I have just received, he reaffirms in the most emphatic manner, all that he has previously claimed in behalf of the new departure.

IV

BEST METHODS OF CARE OF THE INSANE.

How shall the insane be cared for? What changes are needed in our present Asylum System?

What shall be done with the harmless, the inoffensive, but incurable insane?

These are the problems of the hour.

As not every insane person is benefited, by being placed in an asylum, our minds are turning to the example of the Colony for the Insane at GHEEL, BELGIUM.

The experience of ten centuries has shown the utility, the beneficence, the humanity, of this grand, this splendid effort.

BELGIUM is behind no country in the ability, the talent, the earnestness, and the intelligence of her alienists.

Whatever may be said by the alienists of other countries, I have never heard the name of one Belgian who did not speak in praise of the Colony at GHEEL.

The Government has determined to found another Colony, and has done so recently at LIERNIEUX, after the plan of Gheel.

OUDERT, whose death was chronicled in the December number of the *Medico Legal Journal*, has linked his name indissolubly with this great work.

How will this System of Family Care of the Insane work in America? What would be the effect on 60 per cent. of the present inmates of Asylums, if they could be removed into homes (one, two or three in a family), where they would be kept and cared for, by the women of the household, have no bolts, bars or other asylum restraints, and be free from that feeling of incarceration and imprisonment, which is uppermost in the mind of the insane, and stands oftentimes so much in the way of their cure?

A word about GHEEL. It is a village in which nearly every inhabitant takes from one to three insane persons, to take the whole care of.

These people, their fathers and mothers before them, for centuries, have had the care and charge of the insane, as members of their families. The system is family life, and that, for the insane, has its charm, and doubtless is the secret of its efficacy and success. The utmost liberty of action, is given, no bolts, bars, restraints; none whatever. Each inmate comes and goes as he pleases. The cures are wonderful and remarkable. In 1885, there were 1,653 patients in GHEEL living thus in private families. Dr. Peeters, one of the most competent of the Belgian Physicians, is Medical Superintendent of the Colony, and he has an able corps of assistants. The Government has named seven Commissioners, who are Supervisors, and the Governmental Inspector General of Insane Institutions has also, as we believe, this Colony under his supervision.

There are two clinics, each in charge of a medical man, and six visiting attendants. Care, food and clothing is left to the family in which the lunatic resides. Dr. D. Hack Tuke reports in his Journal (*Journal Mental Science*, January, 1886, p. 481), the result of his personal observations on a visit made in September, 1885. The town (Kempenland) has a population of 11,000, the village of 5,000. There are 3,025 homes, of which 1,100 receive lunatics.

There are 160 *Hôtes* who take charge of the better class or paying patients, and there are about 1,000

“nourriciers” or those who take charge of the insane. The people are mostly small farmers.

The colony is divided into two sections, over each of which is placed one medical man and an assistant, and under these sectional physicians are six “guards,” or what may be called visiting attendants.

One of the most difficult problems of asylum life is to know how to successfully manage the insane of filthy habits. Dr. Tuke says, in this regard, of Gheel, that Dr. Lentz, superintendent of the asylum at Tournai, said to him “to place those of dirty habits in the family of a care taker or nurse, is to remedy every inconvenience.”

The highest sum paid by a private patient was £200 a year. The scale of such payments is £16, £20, £28, £40, £48, £80, £96, £120, £144, depending on the accommodations furnished.

The cost to the government of the indigent patients is divided into three classes. The clean, the dirty and the semi dirty. The first pay 8d. per day, of which 6d. goes to the nurse for board. The second class pay 10½d. per day, of which 9½d. goes to the nurse. The semi dirty pay 9d., of which 7d. goes to the nurse.

Belgian pays 11d. per day for her inmates in her insane asylum, so that the Colony at Gheel is to her an economy.

The new Colony at LIERNIEUX was founded because at least 2,000 of Belgian insane in institutions as Mr. Oudart contended, would be better off in such a Colony, and the government would save the difference, besides

obviating the necessity of constructing new asylums at great cost, and leave more room for the inmates when these were removed.

At Gheel, 72% of the insane are furnished employment ; nearly 400 men and nearly 100 women were employed on the little farms and in the fields, while many more of the women were working indoors, and in making lace. Among the men, some work as masons, painters, carpenters, tailors, care being taken by Dr. Peeters that there shall be plenty of occupation ; "yes, fatigue, rarely ; overwork, never ;" and that all service merits remuneration.

Notwithstanding the unusual freedom and liberty of action, no homicide has occurred since 1850, thirty-six years. Only one instance where a patient had offered violence to the daughter of his care keeper. Since 1878 no fire has occurred at Gheel, attributed to the act of any patient !

Suicides are very rare, and as to illegitimate births, only three or four in the whole colony in 10 years ! In one of these cases, due to an oversight in allowing an insane woman of known erotic tendencies to be placed in same house with an epileptic, both of the troublesome class. Dr. Chas. W. Pilgrim corroborates Dr. Hack Tuke, as to fires, homicides, suicides and illegitimate births, but claims that patients with known homicidal, suicidal or dangerous tendencies are not sent to GHEEL (Amer. Journal of Insanity, July, 1886, pp. 320, 321). No restraint can be used without Dr. Peters' permission.

I have had under observation for some time, cases of inmates of institutions, regarded by able physicians as not only Chronic Insane, but of the most destructive and violent types, while closely confined, who changed their whole demeanor and conduct the moment their restraints were removed. Freedom from restraint and from confinement, seems almost to have worked a cure in itself. They became peaceable, tractable and capable of self-control. Most superintendents must see similar results in their experience.

DR. WISE, the able superintendent at WILLARD ASYLUM has closely observed it, and mentioned it to me.

The value of out of door work, especially upon farms, or in agricultural pursuits, cannot be over estimated. The Superintendents of our large asylums, recognize the value of this wonderful aid in the care of the insane, and in their control and cure. Dr. E. A. Macdonald, Superintendent of the New York City Institutions for the Insane, was asked : "Where are your violent cases, Doctor?"

"There they are, at work, digging and casting off that earth," pointing to a group of laborers leveling the ground.

No matter how excited a lunatic is, he will work out of it, if furnished with hoe and shovel! The new provisions for the New York City Insane, look to a large farm and constant, regular out door employment, as one of the best agents and auxiliaries in the matter.

MASSACHUSETTS is ambitious not to be behind in this great work.

She passed in 1885, an act, authorizing her State Board of Lunacy and Charity to arrange for boarding out lunatics of the chronic class.

(Chap. 385, Law of Mass., 1885.)

Through the kind courtesy of F. B. SANBORN, of Boston, Secretary of her Board of Lunacy and Charity, I have received the circulars sent out last year, to the subordinate officials in that commonwealth, introducing the new system.

Thus has the begining of the new departure been made. The seed has been sown here in New York, and should take root, during the present session of the Legislature.

It has worked well in SCOTLAND, and the experiments in GERMANY are promising.

We are on the eve of important forward movements in AMERICA, for the welfare of the Insane and a general improvement in their condition, as well as their care and treatment.

The English Lunacy Commissioners, commenced in 1885, some work of this character. They report that seven idiot boys out of the Sussex Asylums, were placed in adjacent cottages, and boarded out, while 62 patients from this asylum, were discharged, either relieved or improved, to work-houses or care of friends.

They also report that on January 1, 1885, there were in England and Wales, 5,896 pauper lunatics, boarded out in private houses, or living with relatives and friends, being above 8.28 per cent. of the whole number of pauper lunatics in these countries. The Superin-

tendents of English Asylums in same year, reported that 4,000 of their patients could, with propriety, be transferred to pauper workhouses.

The experiment in SCOTLAND shows, that in 1885-1861, pauper patients were in private dwellings, but only 926 of these are boarded with strangers. KENNOWAY, in FIFESHIRE, is a place where considerable numbers are placed in SCOTLAND, but there is NOT in SCOTLAND any colony at all comparable to that of GHEEL.

In Scotland, these patients are not concentrated in one place, as at GHEEL, but are scattered all over the Kingdom. The Scotch Commissions place it on the true ground.

They make this arrangement for their patients, "Because treatment in asylums is forced on us, * * and if there is a class of the Insane, for whom asylums are not necessary, it becomes a duty to endeavor to provide for them in other and more ways." (Report of Scotch Lunacy Com., 1885, p. 131.)

These practical Scotchmen mean, that as a matter of both duty and economy, it is better to arrange for the boarding out, of quiet, inoffensive, harmless, chronic and incurable insane in private families, with proper supervision, and suitable medical care, than to either crowd them into asylums, or build new asylums for them.

In America we are still in the era, of building asylums, but we are on the eve of calling a halt, and asking our Superintendents, to report how many quiet and harmless insane, could safely be placed in private families, to do

light work, and have plenty of air, exercise and freedom of action.

MUSIC has exercised a wonderful curative and tranquilizing power over the disordered intellect, to which much greater stress was given by the ancients, than with us.

The sweet strains of delicious music, will quiet the most excited and raving maniac, a thousand-fold quicker and more completely, than any of the barbarous appliances of chains, or force in any form, and cheerful and merry companions, pleasant surroundings, and good cheer, will restore the light of reason, better than medicines, or bolts or bars.

These aids were better understood by physicians of the past, than of the present, and asylum superintendents who will study attentively, the influence of these, aids to diseased brains, will be astounded at the results they will meet. *Amuser toujours amuser* should be the motto of asylums.

V.

CORPORAL PUNISHMENT OF THE INSANE.

I think such an idea is an outrage upon our civilization.

It is clearly in violation of the existing laws to punish an insane person for any reason, much less for an offense.

If, by the law, an insane person is held not responsible before the law, for his acts, how can he under the law, be made a legitimate subject of punishment?

“ If anyone is to be struck in an asylum, let the attendant or keeper, be the anvil, not the patient,” said the talented THEODORE MEYNERT, of Vienna.

An attendant or keeper who, under any circumstances, struck an insane patient, should be at once discharged, and then punished.

The brutality of attendants is proverbial. Superintendents should keep a very watchful eye upon them, and the morale should be raised, and the standard of excellence advanced.

One good attendant, is worth two poor ones. One kind attendant, with *savoir faire*, is worth two brutal ones, with the idea of coercion by brute force.

VI.

INSANITY AND CRIME.

LEGISLATION.

At the root of all reform, at its fountain head, and source, stands the Legislature—the law making power. It must work from enlightened public sentiment, and upon intelligent inquiry. The advance was made in England, by Parliamentary Inquiries. It can probably be only done so here, or can be so best done.

In Pennsylvania, Governor HOYT, named a commission without legislative enactment, and requested them to report to him, as Governor.

He made their report, the basis of his executive recom-

mendation, to the Legislature of Pennsylvania. From this, came the new Pennsylvania law, by far the best on any of our American Statute Books.

We should ask the Legislature, to name a commission, if our own Governor does not name one. The Lunacy Statutes need practical changes. No one pretends, to defend the sections upon commitment, of the insane.

These statutes as they now stand upon our Statute Books, violate natural rights, and conflict with the organic law.

AS TO INSANITY AND CRIME, the law should advance with the progress of science, *pari passu*. It is a disgrace to our civilization, to hang the insane who commit homicides.

Seventy per cent. of the inmates of asylums, can discriminate between right and wrong, and know that such and such an act, is against the law, and will bring punishment.

Under the law, as charged by the Court, in Guiteau case, he would have been held guilty by any jury.

When reason is so far unbalanced, that the liberty of the citizen, threatens the life, the property or the security of others, society has the undoubted right, to suspend the personal liberty of the citizen, but this can only be done, by due process of law, and in a judicial proceeding.

It is a simple mockery of justice to say, that on an affidavit of two physicians, who may have never seen a case of insanity, a citizen can be placed in an asylum, as



insane for five days, without the order of a Court, or Judge.

A Judge should be required, either by statute or public sentiment, never to sign such a commitment, without he has had a preliminary examination, satisfactory to his mind judicially, that the person charged is not only insane, but that he is a proper case, to go to the asylum. In every case, where the slightest doubt exists, the Judge should pass in the same manner, that he would on *habeas corpus*, sued out by one charged with wrongful imprisonment.

The legal mind, should be brought nearer to the medical view of insanity, and tests of *responsibility* will follow in true sequence. Proper care and confinement, in an asylum for insane criminals, so called, is much better for our civilization, and far more so for a lunatic, than the scaffold.

Executions, at best, are horrible pictures, no matter from what angle the light falls upon them, or through whatever colored medium may we regard them.

It is a glaringly, horrid, and lurid spectacle in this age, so near the close of the 19th century, to see erected near the *tribunals* of a free people a *scaffold*, on which the law suspends, from a mistaken or distorted notion of its own majesty, the dangling form of a lunatic bereft of reason, as punishment for a supposed crime.

I think it was CHARLES SUMNER, who said 25 years ago, "that he knew no sadder sight, than a woman for sale, upon the auction block."

The war has effaced that picture from our view.

washed it away with rivers of blood. To me, it is far more revolting, after the advancing light, which science has thrown upon the subject, for a quarter of a century since the Massachusetts Senator spoke, to see the legalized judicial killing, of the Insane, for alleged homicides!

That the revolution which will efface the latter, may be as bloodless, and yet as complete, must be the hope, of all philanthropic hearts.

